



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number		10/047,302	
		Filing Date		January 14, 2002	
		First Named Inventor		Ferhan Elvanoglu	
		Group Art Unit		2136	
		Examiner Name		David Garcia Cervetti	
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number		174380.01	
<b>ENCLOSURES (check all that apply)</b>					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) ( sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (9 pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> RCE Transmittal ( 1 page ) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<b>SIGNATURE OF ATTORNEY OR AGENT</b>					
Signature <u>[Signature]</u>		Reg. No.		38,499	
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